



Finance Department | Revenue Division
39550 Liberty Street, Fremont, CA 94538
Ph: 510-494-4790 | Fax: 510-494-4754
www.fremont.gov

Out-of-Town Business Application

Business Tax # _____

New Business

2nd Location

Name Change

Location Change

Owner Change

.....

Business Name: _____ Corporation Name (if different): _____

Business Location: _____
(cannot be P.O.Box) Number Street City State Zip

Business Mailing Address: _____
Number Street City State Zip

Business Phone: _____ Alternate/Cell: _____ Fax: _____

Email: _____ Website: _____

Specific Nature of Business: _____

Seller's Permit #: _____ Federal Tax ID #: _____

State Contractor's License #: _____ Type: _____ Exp: _____

Professional License #: _____ Type: _____ Exp: _____

Information of Owner(s), Partners or Corporate Officers

Sole Proprietor

Corporation

LLC

LLP

Partnership

Title	Last Name	First Name	M.I.	Phone #	Social Security #	Driver Lic. #
_____	_____	_____	_____	_____	_____	_____

Home Address: _____

Title	Last Name	First Name	M.I.	Phone #	Social Security #	Driver Lic. #
_____	_____	_____	_____	_____	_____	_____

Home Address: _____

NOTE: Payment of the business tax does not relieve the applicant/business of the requirement to comply with zoning, health, safety and other regulations of the City.

Print Applicant's Name: _____ Phone _____

I hereby certify under penalty of making a false oath that the information contained herein is, to the best of my knowledge and belief, a true and complete statement.

Signature of Owner or Authorized Agent

Date _____